

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

-----X  
ANTHONY C. HUGHES and LISA HUGHES,

Plaintiffs,

-against-

WILLMAN F. BARBOZA RAMOS, DONLEN TRUST  
And MULTIBAND FIELD SERVICES, INC.,

Defendants.  
-----X

Civil Action No.:  
1:19-cv-05755-LDH-CLP

**PLAINTIFF'S RULE 26(a)(1) INITIAL DISCLOSURES**

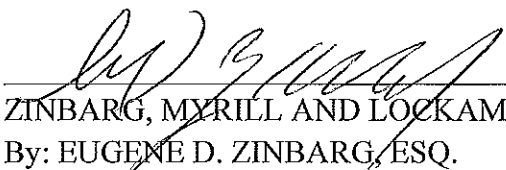
Pursuant to Fed. R. Civ. P. 26(a)(1), plaintiffs, ANTHONY C. HUGHES and LISA HUGHES, serve these Initial Disclosures to Defendant WILLMAN F. BARBOZA RAMOS, DONLEN TRUST and MULTIBAND FIELD SERVICES, INC. These disclosures identify those individuals who may have discoverable information relevant to disputed facts alleged with particularity in the pleadings.

These disclosures do not include the names of any potential experts retained or consulted by the Plaintiffs. The Plaintiffs will produce information relating to experts as may be appropriate under Federal Rule of Civil Procedure 26(a)(2) at the times provided by that Rule of any supervening order of the Court.

These disclosures do not constitute waiver of any work product protection and are without prejudice to any other issue or argument.

Dated: December 17, 2019

COUNSEL FOR PLAINTIFFS  
ANTHONY C. HUGHES and LISA HUGHES

  
\_\_\_\_\_  
ZINBARG, MYRILL AND LOCKAMY  
By: EUGENE D. ZINBARG, ESQ.  
82-15 Northern Boulevard  
Jackson Heights, NY 11372  
Phone (718) 651 – 6262

**(A) Witnesses: The name and, if known, the address and telephone number of each individual likely to have discoverable information that the disclosing party may use to support its claims or defenses, unless solely for impeachment, identifying the subjects of the information.**

**RESPONSE:**

Persons likely to have discoverable information may include, but may not be limited to, the following:

- a) ANTHONY C. HUGHES  
61-46 70<sup>th</sup> Street  
Middle Village, NY 11379  
Plaintiff
- b) LISA HUGHES  
61-46 70<sup>th</sup> Street  
Middle Village, NY 11379  
Plaintiff's Wife/Co-Plaintiff
- c) RICHARDS PLUMBING AND HEATING  
231 Kent Street  
Brooklyn, New York 11222

Any and all employees of Richards Plumbing and Heating may have knowledge of Plaintiff's work ability/history.

- d) Any and all Plaintiff's health care providers, including but may not be limited to:

- 1- SEAN THOMPSON, M.D., FAAOS  
175-61 Hillside Avenue – Suite 400  
Jamaica Estates, NY 11432

Sean Thompson, M.D., FAAOS, and any and all other health care providers associated with Sean Thompson, M.D. FAAOS, involved in the examinations, diagnosis, care, or treatment of Plaintiff.

- 2- MICHAEL GERLING, M.D.  
Jersey City Medical Center  
355 Grand Street  
Jersey City, NJ 07302

Michael Gerling, M.D. and any and all other health care providers associated with Michael Gerling, M.D., involved in the examinations, diagnosis, care, or treatment of Plaintiff.

- 3- AZADEH ESMAELLI, M.D.  
88-12 Queens Boulevard  
Elmhurst, NY 11373

Azadeh Esmaelli, M.D. and any and all other health care providers associated with Azadeh Esmaelli, M.D., involved in the examinations, diagnosis, care, or treatment of Plaintiff.

- 4- VINEETH PILLAI, DPT  
Reach Physical Therapy  
8444 Elliot Avenue  
Middle Village, NY 11379

Vineeth Pillai, DPT and any and all other health providers associated with Vineeth Pillai, DPT, involved in the examinations, diagnosis, care, or treatment of Plaintiff.

- 5- BERNARD OSEI-TUTU, M.D.  
Krasner Chiropractic, P.C.  
86-01 101 Avenue  
Ozone Park, NY 11416

Bernard Osei-Tutu, M.D. and any and all other providers associated with Bernard Osei-Tutu, M.D., involved in the examinations, diagnosis, care, or treatment of Plaintiff.

- 6- JONATHAN SCHWARTZ, M.D.  
345 St. Nicholas Avenue  
Ridgewood, NY 11385

Jonathan Schwartz, M.D. and any and all other providers associated with Jonathan Schwartz, M.D. involved in the examinations, diagnosis, care, or treatment of Plaintiff.

- 7- SCOTT A. SPRINGER, DO  
161-05 Horace Harding Expressway  
Flushing, NY 11365

Scott A. Springer, DO and any and all other providers associated with Scott A. Springer, DO involved in the examinations, diagnosis, care, or treatment of Plaintiff.

8- NAO YONEDA, M.D.  
New York Presbyterian Queens  
56-45 Main Street  
Flushing, NY 11355

Nao Yoneda, M.D. and any and all other providers associated with Nao Yoneda, M.D. involved in the examinations, diagnosis, care, or treatment of Plaintiff.

9- VIRAJ LAKDAWALA, M.D.  
NYU Langone Health – Cobble Hill  
83 Amity Street  
Brooklyn, NY 11201

Viraj Yoneda, M.D. and any and all other providers associated with Viraj Lakdawala, M.D. involved in the examinations, diagnosis, care, or treatment of Plaintiff.

**(B) Documents: A copy of, or a description by category and location of, all documents, date compilations, and tangible things that are in the possession, custody, or control of the party and that the disclosing party may use to support its claims or defenses, unless solely for impeachment.**

**RESPONSE:**

Plaintiff, ANTHONY C. HUGHES, is providing a copy of the Police Accident Report.

Plaintiff, ANTHONY C. HUGHES, is providing a copy of his medical records, including operative reports and medical notes.

Discovery continues and subsequent relevant documents may be produced by Plaintiffs, Defendants, or both.

Plaintiffs request copies of any and all relevant documents or medical records Defendants have in its possession or have obtained by subpoena/authorization/voluntary production.

**(C) Computation of Damages: A computation of any category of damages claimed by the disclosing party, making available for inspection and copying as under Rule 34 the documents or other evidentiary material, not privileged or protected from disclosure,**

**on which such computation is based, including materials bearing on the nature and extent of injuries suffered.**

**RESPONSE:**

\$10,000,000.00 for pain and suffering. Materials bearing on the nature and extent of injuries suffered are annexed hereto.

**(D) Insurance Agreements: For inspection and copying as under Rule 34 any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in the action or to indemnify or reimburse for payments made to satisfy the judgment.**


**RESPONSE:**

N/A

Plaintiffs request copies of any and all relevant documents Defendants have in their possession.

Dated: December 17, 2019

Respectfully submitted,

  
\_\_\_\_\_  
EUGENE D. ZINBARG, ESQ.  
ZINBARG, MYRILL & LOCKAMY  
Attorneys for Plaintiffs  
ANTHONY C. HUGHES & LISA HUGHES  
Federal I.D. No. EZ6458  
State Bar No. 1041722  
Phone (718) 651- 6262

**CERTIFICATE OF SERVICE**

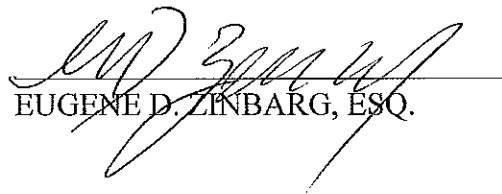
I hereby certify that a true and correct copy of a duplicate of the above foregoing Rule 26(a)(1) Initial Disclosures of Plaintiffs ANTHONY C. HUGHES & LISA HUGHES has been served upon all opposing parties, or their attorneys of records, by either certified mail, return receipt requested, hand delivery, or telephonic or electronic document transfer on the 17<sup>th</sup> day of December, 2019.

CAMACHO MAURO MULHOLLAND, LLP

Attorneys for Defendants: William F. Barboza Ramos, Donlen Trust & Multiband Services, Inc.

40 Wall Street, 40<sup>th</sup> Floor

New York, New York 10005

  
EUGENE D. LINBARG, ESQ.

Page 1 of 2 Pages  
ABS-7 (1/19)

New York State Department of Motor Vehicles

## POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct

094

Accident No.

MV-2018-094-002260

Complaint

Number

☐ AMENDED REPORT

1	Accident Date Month <b>11</b> Day <b>27</b> Year <b>2018</b>		Day of Week <b>TUESDAY</b>		Military Time <b>14:15</b>		No. of Vehicles <b>4</b>	No. Injured <b>2</b>	No. Killed <b>0</b>	Not Investigated at Scene <input checked="" type="checkbox"/> Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	19 -																																													
2	VEHICLE 1 Vehicle 1 - Driver License ID Number <b>372589003</b> Driver Name - exactly as printed on license <b>HUGHES, ANTHONY, C</b> Address (Include Number & Street) <b>61-46 70 STREET</b> City or Town <b>QUEENS</b> State <b>NY</b> Zip Code Date of Birth Month <b>7</b> Day <b>27</b> Year <b>1975</b> Sex <b>M</b> Unlicensed <input type="checkbox"/> No. of Occupants <b>1</b> Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration <b>HUGHES, ANTHONY, C</b> Sex <b>M</b> Date of Birth Month <b>7</b> Day <b>27</b> Year <b>1975</b> Address (Include Number & Street) <b>61-46 70 STREET</b> Apt. No. Haz. Mat. Code Released City or Town <b>QUEENS</b> State <b>NY</b> Zip Code Plate Number <b>HZS3386</b> State of Reg. <b>NY</b> Vehicle Year & Make <b>2015 BMW</b> Vehicle Type <b>SEDAN</b> Ins. Code <b>100</b> Ticket/Arrest Number(s) Violation Section(s)						VEHICLE 2 <input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN Vehicle 2 - Driver License ID Number <b>B05457856611662</b> State of Lic. <b>NJ</b> Driver Name - exactly as printed on license <b>BARBOZA-RAMOS, WILLMAN, F</b> Address (Include Number & Street) <b>18 SPRUCE LN</b> Apt. No. City or Town <b>PARLIN</b> State <b>NJ</b> Zip Code <b>08859</b> Date of Birth Month <b>11</b> Day <b>4</b> Year <b>1966</b> Sex <b>M</b> Unlicensed <input type="checkbox"/> No. of Occupants <b>1</b> Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration <b>DONLEN TRUST</b> Sex Date of Birth Month Day Year Address (Include Number & Street) <b>3000 LAKESIDE DR</b> Apt. No. Haz. Mat. Code Released City or Town <b>BANNOCKBURN</b> State <b>IL</b> Zip Code <b>60015</b> Plate Number <b>XFNV71</b> State of Reg. <b>NJ</b> Vehicle Year & Make <b>2017 FORD</b> Vehicle Type <b>SW/SUV</b> Ins. Code <b>999</b> Ticket/Arrest Number(s) Violation Section(s)						21 4																																													
3	<table border="1"> <tr> <td>Check if involved vehicle is:</td> <td>Check if involved vehicle is:</td> <td rowspan="3">           Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.            Rear End Left Turn Right Angle Right Turn Head On            1. 2. 3. 4. 5. 6. 7. 8. 9.            Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite)            2. 3. 4. 5. 6. 7. 8. 9.         </td> </tr> <tr> <td> <input type="checkbox"/> more than 95 inches wide;  <input type="checkbox"/> more than 34 feet long;  <input type="checkbox"/> operated with an overweight permit;  <input type="checkbox"/> operated with an overdimension permit.         </td> <td> <input type="checkbox"/> more than 95 inches wide;  <input type="checkbox"/> more than 34 feet long;  <input type="checkbox"/> operated with an overweight permit;  <input type="checkbox"/> operated with an overdimension permit.         </td> </tr> <tr> <td colspan="2">           VEHICLE 1 DAMAGE CODES            Box 1 - Point of Impact            Box 2 - Most Damage            Enter up to three more Damage Codes            Vehicle By Towed To            1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19         </td> </tr> </table>												Check if involved vehicle is:	Check if involved vehicle is:	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1. 2. 3. 4. 5. 6. 7. 8. 9. Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite) 2. 3. 4. 5. 6. 7. 8. 9.	<input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	<input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed To 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19		22 7																																						
Check if involved vehicle is:	Check if involved vehicle is:	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1. 2. 3. 4. 5. 6. 7. 8. 9. Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite) 2. 3. 4. 5. 6. 7. 8. 9.																																																								
<input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	<input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.																																																									
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed To 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19																																																										
4	VEHICLE 1 DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER												23 3																																													
5	DIAGRAM ATTACHED ON SUBSEQUENT PAGE 4 RIGHT ANGLE Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												24 1																																													
6	Reference Marker Coordinates (if available) Latitude/Northing: <b>40.730064</b> Longitude/Easting: <b>-73.94743</b> Place Where Accident Occurred: <input type="checkbox"/> BRONX <input checked="" type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred: <b>CALYER STREET</b> (Route Number or Street Name) at 1) intersecting street: <b>MOULTRIE STREET</b> (Route Number or Street Name) or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of (Milepost, Nearest Intersecting Route Number or Street Name)												25 1																																													
7	Accident Description/Officer's Notes: <b>AT TPO MOTORIST OF VEHICLE 1 WAS DRIVING E/B ON CALYER STREET WITH THE RIGHT AWAY WHEN MOTORIST OF VEHICLE 2 STRUCK HIS PASSENGER SIDE CAUSING THE VEHICLE TO SPIN OUT AND CRASH ONTO THE SIDEWALK. MOTORIST OF VEHICLE 2 WAS DRIVING N/B ON MOULTRIE STREET WHEN HE DISREGARDED THE STOP SIGN ON THE N/E CORNER OF MOULTRIE STREET I/O OF CALYER STREET THUS CRASHING INTO VEHICLE 1 BEFORE THEN STRIKING UNOCCUPIED VEHICLE 3</b>												26 1																																													
8	<table border="1"> <tr> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> <td>BY</td> <td>TO</td> <td>Names of all Involved</td> <td>Date of Death Only</td> </tr> <tr> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>43</td> <td>M</td> <td>5</td> <td>12</td> <td>6</td> <td>31</td> <td>D</td> <td>7241</td> <td></td> <td>HUGHES, ANTHONY, C</td> <td></td> </tr> <tr> <td>2</td> <td>1</td> <td>4</td> <td>1</td> <td>52</td> <td>M</td> <td>8</td> <td>12</td> <td>6</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>BARBOZA-RAMOS, WILLMAN, F</td> <td></td> </tr> </table>												8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all Involved	Date of Death Only	1	1	4	1	43	M	5	12	6	31	D	7241		HUGHES, ANTHONY, C		2	1	4	1	52	M	8	12	6	-	-	-		BARBOZA-RAMOS, WILLMAN, F		27 2
8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all Involved	Date of Death Only																																												
1	1	4	1	43	M	5	12	6	31	D	7241		HUGHES, ANTHONY, C																																													
2	1	4	1	52	M	8	12	6	-	-	-		BARBOZA-RAMOS, WILLMAN, F																																													
9	Officer's Rank and Signature: <b>POM</b> Print Name: <b>NICHOLAS C. ANGELL</b> Tax ID No.: <b>962217</b> NCIC No.: <b>03030</b> Precinct: <b>094</b> Post/Sector: <b>SGT AREF H REDA</b> Date/Time Reviewed: <b>12/03/2018 08:31</b>												28 1																																													

This is to certify that this document is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.

COMMISSIONER OF MOTOR VEHICLES



Page 2 of 2 Pages  
ABS-7 (1/19)

New York State Department of Motor Vehicles

## POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct  
094  
Accident No.  
MV-2018-094-002260Complaint  
Number☐ AMENDED REPORT

1	Accident Date Month: 11, Day: 27, Year: 2018 Day of Week: TUESDAY Military Time: 14:15 No. of Vehicles: 4 No. Injured: 2 No. Killed: 0 Not Investigated at Scene: <input checked="" type="checkbox"/> Reconstructed: <input type="checkbox"/> Left Scene: <input type="checkbox"/> Police Photos: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
2	VEHICLE 3 Driver License ID Number: [blank] Driver Name - exactly as printed on license: [blank] Address (Include Number & Street): [blank] Apt. No.: [blank] City or Town: [blank] State: [blank] Zip Code: [blank]	21
3	VEHICLE 4 Driver License ID Number: [blank] Driver Name - exactly as printed on license: [blank] Address (Include Number & Street): [blank] Apt. No.: [blank] City or Town: [blank] State: [blank] Zip Code: [blank]	22
4	Date of Birth: [blank] Sex: [blank] Unlicensed: <input type="checkbox"/> No. of Occupants: 0 Public Property Damaged: <input type="checkbox"/> Name - exactly as printed on registration: [blank] Sex: [blank] Date of Birth: [blank] Address (Include Number & Street): [blank] Apt. No.: [blank] Haz. Mat. Code: [blank] Released: <input type="checkbox"/> City or Town: [blank] State: [blank] Zip Code: [blank]	23
5	Plate Number: HKM6671 State of Reg.: NY Vehicle Year & Make: 2016 SMART Vehicle Type: SW/SUV Ins. Code: 999 Ticket/Arrest Number(s): [blank] Violation Section(s): [blank]	24
6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: [blank] 1 2 Box 2 - Most Damage: [blank] 9 8 Enter up to three more Damage Codes: [blank] 3 4 5 Vehicle Towed: [blank] By: [blank] To: [blank]	25
7	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: [blank] 1 2 Box 2 - Most Damage: [blank] 8 8 Enter up to three more Damage Codes: [blank] 3 4 5 Vehicle Towed: [blank] By: [blank] To: [blank]	26
8	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1 3 4 5 7 Slidewipe (same direction) Left Turn Right Turn Slidewipe (opposite) 2 6 8 ACCIDENT DIAGRAM DIAGRAM ATTACHED ON SUBSEQUENT PAGE 4 RIGHT ANGLE Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No	27
9	Reference Marker: [blank] Coordinates (if available): [blank] Latitude/Northing: 40.730064 Longitude/Easting: -73.94743 Place Where Accident Occurred: <input type="checkbox"/> BRONX <input checked="" type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred: CALYER STREET (Route Number or Street Name) at 1) intersecting street: MOULTRIE STREET (Route Number or Street Name) or 2) [blank] N S E W of [blank] (Milepost, Nearest Intersecting Route Number or Street Name)	28
10	Accident Description/Officer's Notes: WHICH THEN HIT INTO UNOCCUPIED VEHICLE 4 PARKED DIRECTLY IN FRONT OF VEHICLE 3. ACR # 85143841. MOTORIST OF VEHICLE 1 REMOVED BY EMT REGISTERED AMBULANCE 31 D EMT JOURNAL. VEH 2 SELF INSURED	29

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only

Officer's Rank and Signature: POM	Tax ID No.: 962217	NCIC No.: 03030	Precinct: 094	Post/Sector: [blank]	Reviewing Officer: SGT AREF H REDA	Date/Time Reviewed: 12/03/2019 09:31
Print Name: NICHOLAS C. ANGELLO						

This is to certify that this document is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.

COMMISSIONER OF MOTOR VEHICLES





**L. SEAN THOMPSON, MD, FAAOS**  
**Board Certified Orthopaedic Surgeon**

## **OPERATIVE REPORT**

**PATIENT NAME:** Anthony Hughes

**PATIENT DOB:** July 27, 1975

**DATE OF PROCEDURE:** June 07, 2019

**SURGEON:** L. Sean Thompson, M.D.

**ASSISTANT:** Nadeem Mir, PA-C, please note surgical assistant was necessary to safely and efficiently complete this procedure as it was performed in the surgical center without resident or assistant available.

### **PREOPERATIVE DIAGNOSIS:**

1. Right knee medial meniscus tear
2. Right knee synovitis complete
3. Right knee lateral meniscus tear
4. Right knee lateral tibial plateau chondromalacia

### **POSTOPERATIVE DIAGNOSIS:**

1. Right knee medial meniscus tear
2. Right knee synovitis complete
3. Right knee lateral meniscus tear
4. Right knee lateral tibial plateau chondromalacia

### **PROCEDURE PERFORMED:**

1. Right knee medial meniscectomy and debridement
2. Right knee synovectomy 3 compartments
3. Right knee lateral meniscectomy and debridement
4. Right knee chondroplasty lateral tibial plateau

175-61 HILLSIDE AVE  
SUITE 400  
JAMAICA ESTATES, NY 11432

1045 PARK AVENUE  
GROUND FLOOR  
NYC, NY 10028

25 ROCKWOOD PLACE  
SUITE 335  
ENGLEWOOD, NJ 07631

855 LEHIGH AVENUE  
SUITE 203  
UNION, NJ 07083

TELEPHONE: 718-291-1300

[WWW.THOMPSONTOTALJOINTSNY.COM](http://WWW.THOMPSONTOTALJOINTSNY.COM)

FAX: 718-291-1330



**L SEAN THOMPSON, MD, FAAOS**  
**Board Certified Orthopaedic Surgeon**

**ANESTHESIA:** LMA with intra-articular injection 1% lidocaine with epinephrine

**POSITION:** Supine

**ESTIMATED BLOOD LOSS:** Minimal

**COMPLICATIONS:** None

**DESCRIPTION OF PROCEDURE:** The patient is 43-year-old male presented with right knee injuries consistent with a tear of the medial lateral meniscus, that did not respond to conservative treatment. Patient was indicated for arthroscopic meniscectomy and debridement all risks and benefits were reviewed informed consent was signed in the preoperative holding area the operative site was marked.

The patient was brought back into the or suite underwent anesthesia by the anesthesiologist and was positioned supine on the OR table. The right lower extremity was prepped and draped free in usual sterile fashion prior to commencement of procedure a timeout was called the operative site was verified. Preoperative antibiotics were administered IV for prophylaxis.

The medial and lateral portals were injected using 1% lidocaine with epinephrine for pain control and hemostasis. A 3-mm lateral portal was made using a #11 blade scalpel. The camera and trocar were inserted into the suprapatellar pouch.

A diagnostic arthroscopy was initiated. Identification of the patella demonstrated chondral injury. There there was no medial plica noted. The trochlea demonstrated no chondral injury. The lateral and medial gutters demonstrated no loose bodies. Examination of the medial compartment demonstrated a tear of the medial meniscus. The chondral surfaces of the medial femoral condyle and medial tibial plateau was found no chondral injury. An arthroscopic examination of the ACL demonstrated noted tears. At this point the leg was placed in the figure-of-four configuration to examine the lateral compartment. Examination of the lateral meniscus demonstrated a tear of the lateral meniscus. The chondral surfaces of the lateral femoral condyle and lateral tibial plateau was found chondromalacia of the lateral tibial plateau. There was extensive synovitis noted in all 3 compartments.

At this point, we turned our attention to the tear of the medial meniscus. Under direct visualization a spinal needle was inserted into the medial compartment to assure proper

175-61 HILLSIDE AVE  
SUITE 400  
JAMAICA ESTATES, NY 11432

1045 PARK AVENUE  
GROUND FLOOR  
NYC, NY 10028

25 ROCKWOOD PLACE  
SUITE 335  
ENGLEWOOD, NJ 07631

855 LEHIGH AVENUE  
SUITE 203  
UNION, NJ 07083

TELEPHONE: 718-291-1300

[WWW.THOMPSONTOTALJOINTSNY.COM](http://WWW.THOMPSONTOTALJOINTSNY.COM)

FAX: 718-291-1330



THOMPSON MEDICAL  
Orthopaedic Surgery

**L SEAN THOMPSON, MD, FAAOS**  
**Board Certified Orthopaedic Surgeon**

placement of the medial portal. Then using a #11 scalpel blade, a 3 mm medial portal was established. The probe was then used to assess the tear of the medial meniscus. The tear was deemed not repairable and therefore using a combination of arthroscopic shaver, radiofrequency wand, arthroscopic biters, a partial medial meniscectomy was performed. At this point, the meniscus was probed again and found to be stable through its attachment. An extensive debridement was performed of this compartment.

We then turned our focus to the ACL. The ACL was probed and found to be intact and stable without any tearing at the origin or insertion. The PCL was also noted and found to be intact and stable without any tearing at the origin or insertion. There is noted to be extensive synovitis. A thorough synovectomy was performed using an arthroscopic shaver as well as a radiofrequency device.

At this point, the leg was placed in a figure-of-four configuration as we turned our attention to the tear of the lateral meniscus. The probe was used to assess the tear of the lateral meniscus. The tear was deemed not repairable and therefore using a combination of arthroscopic shaver, radiofrequency wand, arthroscopic biters, a partial lateral meniscectomy was performed. At this point, the meniscus was probed again and found to be stable through its attachment. An extensive debridement was performed of this compartment.

The condyle and the tibial plateau was probed. There was found to have chondromalacia of the lateral tibial plateau. Using an arthroscopic shaver as well as a radiofrequency wand, a chondroplasty was performed. The chondral surface was then probed again to assure stable margins.

At this point the leg was then placed in full extension and a complete synovectomy was performed using an arthroscopic shaver and radiofrequency device.

Meticulous hemostasis was achieved using the radiofrequency device. The knee was suctioned and drained and the portals were closed using 3-0 Monocryl sutures. Dry sterile bandage was applied. The patient was transferred to the recovery room in stable condition.

175-61 HILLSIDE AVE  
SUITE 400  
JAMAICA ESTATES, NY 11432

1045 PARK AVENUE  
GROUND FLOOR  
NYC, NY 10028

25 ROCKWOOD PLACE  
SUITE 335  
ENGLEWOOD, NJ 07631

855 LEHIGH AVENUE  
SUITE 203  
UNION, NJ 07083

TELEPHONE: 718-291-1300

[WWW.THOMPSONTOTALJOINTSNY.COM](http://WWW.THOMPSONTOTALJOINTSNY.COM)

FAX: 718-291-1330



THOMPSON MEDICAL  
Orthopaedic Surgery

**L SEAN THOMPSON, MD, FAAOS**  
**Board Certified Orthopaedic Surgeon**

  
L. Sean Thompson, M.D.

175-61 HILLSIDE AVE  
SUITE 400  
JAMAICA ESTATES, NY 11432

1045 PARK AVENUE  
GROUND FLOOR  
NYC, NY 10028

25 ROCKWOOD PLACE  
SUITE 335  
ENGLEWOOD, NJ 07631

855 LEHIGH AVENUE  
SUITE 203  
UNION, NJ 07083

TELEPHONE: 718-291-1900

[WWW.THOMPSONTOTALJOINTS.NY.COM](http://WWW.THOMPSONTOTALJOINTS.NY.COM)

FAX: 718-291-8330



**L SEAN THOMPSON, MD, FAAOS**  
**Board Certified Orthopaedic Surgeon**

**PATIENT NAME:** Anthony Hughes

**PATIENT DOB:** 7/27/1975

**DATE OF PROCEDURE:** 3/18/2019

**SURGEON:** L. Sean Thompson, M.D.

**ASSISTANT:** Barry Hughes, PA-C, please note surgical assistant was necessary to safely and efficiently complete this procedure as it was performed in the surgical center without resident or assistant available.

**PREOPERATIVE DIAGNOSIS:**

1. Left knee medial meniscus tear posterior horn
2. Left knee synovitis complete
3. Left knee lateral meniscus tear posterior horn
4. Left knee plica impingement medial femoral condyle
5. Left knee chondral damage grade 2 medial femoral condyle

**POSTOPERATIVE DIAGNOSIS:**

1. Left knee medial meniscus tear posterior horn
2. Left knee synovitis complete
3. Left knee lateral meniscus tear posterior horn
4. Left knee plica impingement medial femoral condyle
5. Left knee chondral damage grade 2 medial femoral condyle

**PROCEDURE PERFORMED:**

175-61 HILLSIDE AVE  
SUITE 400  
JAMAICA ESTATES, NY 11432

1045 PARK AVENUE  
GROUND FLOOR  
NYC, NY 10028

25 ROCKWOOD PLACE  
SUITE 335  
ENGLEWOOD, NJ 07631

855 LEHIGH AVENUE  
SUITE 203  
UNION, NJ 07093

TELEPHONE: 718-291-1900

[WWW.THOMPSONTOTALJOINTSNY.COM](http://WWW.THOMPSONTOTALJOINTSNY.COM)

FAX: 718-291-1990



**L SEAN THOMPSON, MD, FAAOS**  
**Board Certified Orthopaedic Surgeon**

1. Left knee medial meniscectomy and debridement posterior horn
2. Left knee synovectomy 3 compartments
3. Left knee lateral meniscectomy and debridement posterior horn
4. Left Knee Plica resection medial condyle femur
5. Left knee chondroplasty medial femoral condyle

**ANESTHESIA:** LMA with Intra-articular Injection 1% lidocaine with epinephrine

**POSITION:** Supine

**ESTIMATED BLOOD LOSS:** Minimal

**COMPLICATIONS:** None

**DESCRIPTION OF PROCEDURE:** The patient is 43-year-old male who presented with left knee injuries consistent with a tear of the medial meniscus, that did not respond to conservative treatment. Consideration of preoperative measures including physical therapy and activity modification without much improvement was noted. Patient was indicated for arthroscopic meniscectomy and debridement all risks and benefits were reviewed informed consent was signed in the preoperative holding area the operative site was marked.

The patient was brought back into the OR suite underwent a left knee block by the anesthesiologist was positioned supine on the OR table the right lower extremity was prepped and draped free in usual sterile fashion prior to commencement of procedure a timeout was called the operative site was verified. Preoperative antibiotics were administered IV for prophylaxis.

The medial and lateral portals were injected using 1% lidocaine with epinephrine for pain control and hemostasis. A lateral portal was made using the scalpel. The camera and trocar were inserted into the suprapatellar pouch.

A diagnostic arthroscopy was initiated there were no loose bodies in the medial or lateral gutters. There was extensive synovitis in all 3 compartments. Under direct visualization a medial portal was made using the scalpel. There was a tear in the posterior horn of the medial

175-61 HILLSIDE AVE  
SUITE 400  
JAMAICA ESTATES, NY 11432

1045 PARK AVENUE  
GROUND FLOOR  
NYC, NY 10028

25 ROCKWOOD PLACE  
SUITE 335  
ENGLEWOOD, NJ 07631

855 LEHIGH AVENUE  
SUITE 203  
UNION, NJ 07083

TELEPHONE: 718-291-1300

[WWW.THOMPSONTOTALJOINTSNY.COM](http://WWW.THOMPSONTOTALJOINTSNY.COM)

FAX: 718-291-1330



**L SEAN THOMPSON, MD, FAAOS**  
**Board Certified Orthopaedic Surgeon**

meniscus. This tear was not repairable therefore a partial meniscectomy debridement was performed using an arthroscopic shaver and straight biter and ArthroCare wand the medial meniscal attachment was probed and found to be intact posteriorly.

The anterior cruciate ligament was then inspected using a probe and the origin and insertion was noted to be intact without tearing. After complete synovectomy in all compartments we were able to visualize the lateral compartment using a figure 4 position. The meniscal attachment was probed and there was found to be tear in the posterior horn of the lateral meniscus. A complete debridement was indicated and performed using a shaver a full radius, arthroscopic biter and ArthroCare wand. The chondral surfaces were inspected using a probe and the meniscal attachment was found to be intact.

The leg was then placed into full extension and a complete synovectomy was performed using the arthroscopic shaver. Inspection of the patellofemoral articulation identified minimal articular cartilage damage. However, there was a plica noted to impinging on the medial femoral condyle with grade 2 changes on the condylar surface that was affected. A plica resection was performed using an arthroscopic shaver and ArthroCare wand on a low setting and chondroplasty of the damaged medial condyle was also performed using the electrocautery device on a low setting. At this point meticulous hemostasis was achieved using the electrocautery device. The knee was then suctioned and drained the portals were closed using 3-0 Monocryl sutures. A postoperative injection of quarter percent Marcaine was administered through the medial portal. A dry sterile bandage was applied, and the patient's anesthesia was reversed. The patient was then transferred to the recovery room in a stable condition.

A handwritten signature in black ink, appearing to read "LST", is located below the main text of the report.

175-61 HILLSIDE AVE  
SUITE 400  
JAMAICA ESTATES, NY 11432

1045 PARK AVENUE  
GROUND FLOOR  
NYC, NY 10028

25 ROCKWOOD PLACE  
SUITE 935  
ENGLEWOOD, NJ 07631

855 LEHIGH AVENUE  
SUITE 203  
UNION, NJ 07083

TELEPHONE: 718-291-1300

[WWW.THOMPSONTOTALJOINTSNY.COM](http://WWW.THOMPSONTOTALJOINTSNY.COM)

FAX: 718-291-1330



**Greenpoint Diagnostic Imaging**

102-1 Manhattan Avenue Brooklyn, NY 11222  
Tel: (718) 389-5000 Fax: (718) 389-5054

**Astoria Open MRI**

33-08 39th Avenue Astoria, NY 11102  
Tel: (718) 726-2000 Fax: (718) 728-2721

**Allium Diagnostic Imaging**

345 St Nicholas Ave Ridgewood, NY 11385  
Tel: (718) 393-5000 Fax: (718) 381-2090

Patient Name: Hughes, Anthony  
GDI #: GRP731  
Study Date: 12/17/2018  
Exam: MR LT KNEE W/O CONTRAST LEFT  
Physician: Merovici, Florin  
126 GREENPOINT AVE  
BROOKLYN, NY 11222

AGE: 043Y DOB: 07/27/1975(M)  
Patient Phone #: 718-565-1701  
CPT Code: 73721  
Exam #: A5207270  
Physician Phone #: 718-389-0100

**FINAL REPORT**

**MRI OF THE LEFT KNEE**

**HISTORY:** Left knee pain

**PROTOCOL:** Sagittal proton density, and T2 weighted sequences, coronal T1 and inversion recovery sequences, and axial T2 fat saturated sequences were obtained of the left knee. This study was performed in a high field MRI.

**PRIORS:** 10/17/07

**FINDINGS:**

Preliminary scout series were submitted and reviewed and are noncontributory.

**CRUCIATE LIGAMENTS:** The anterior and posterior cruciate ligaments appear intact and within normal limits.

**COLLATERAL LIGAMENTS:** The medial collateral ligament and the lateral collateral ligamentous complex are intact and within normal limits.

**MENISCUS:** There is a subtle linear peripheral tear along the in the posterior horn medial meniscus. The lateral meniscus within normal limits.

**OSSEOUS STRUCTURES:** There is no evidence of fracture or dislocation. The joint spaces are preserved. The alignment is anatomic. The patellofemoral cartilage is within normal limits.

**EXTENSOR MECHANISM:** The visualized portions of the quadriceps tendon and patellar tendon are intact and within normal limits.

There is a mild suprapatellar joint effusion. There is a bilobed posterior medial popliteal cyst measuring up to 1.8 cm.

**IMPRESSION**

**SUBTLE PERIPHERAL TEAR OF THE POSTERIOR HORN MEDIAL MENISCUS.**  
**SUPRAPATELLAR JOINT EFFUSION.**  
**POPLITEAL CYST.**

Thank you for referring this patient to us for evaluation

✓ 

12/18/2019

3D Mammography now available at Allium Diagnostic Imaging

This facsimile transmission is intended only for use of the individual or entity to which it is addressed. It may contain Protected Health Information, which is privileged and confidential. Protected Health Information may only be used or disclosed in accordance with the law and you may be subject to penalties for improper use or further disclosure. If you are not the intended recipient, you may not read, copy, distribute or otherwise use or disclose the information contained in this transmission. If you received this transmission in error, please notify the sender immediately and request instruction on return or destruction of the transmission. DICOM images and results are available for review via our PACS system which may be accessed through <http://personal.alliumimaging.com>

MRI    MRA    CT Scan    Ultrasound    X-Ray    |    Bone Density    Mammography

**Greenpoint Diagnostic Imaging**  
1024 Manhattan Avenue Brooklyn, NY 11222  
Tel: (718) 389-5000 Fax: (718) 389-5054

**Astoria Open MRI**  
23-08 30th Avenue, Astoria, NY 11102  
Tel: (718) 726-2000 Fax: (718) 728-2724

**Allium Diagnostic Imaging**  
345 St Nicholas Ave Ridgewood NY 11385  
Tel: (718) 408-5000 Fax: (718) 381-2090

Patient Name: Hughes, Anthony  
GDI #: GRP731  
Study Date: 12/17/2018  
Exam: MR LT KNEE W/O CONTRAST LEFT  
Physician: Merovici, Florin  
126 GREENPOINT AVE  
BROOKLYN, NY 11222

AGE: 043Y DOB: 07/27/1975(M)  
Patient Phone #: 718-565-1701  
CPT Code: 73721  
Exam #: A5207270  
Physician Phone #: 718-389-0100

Very truly yours,

JONATHAN SCHWARTZ MD  
Electronically signed: 12/18/2018 10:38

### 3D Mammography now available at Allium Diagnostic Imaging

This facsimile transmittal is intended only for use of the individual or entity to which it is addressed. It may contain Protected Health Information, which is privileged and confidential. Protected Health Information may only be used or disclosed in accordance with the law and you may be subject to penalties for improper use or further disclosure. If you are not the intended recipient, you may not read, copy, distribute or otherwise use or disclose the information contained in this transmission. If you received this transmission in error, please notify the sender immediately and request instruction on return or destruction of the transmission. DICOM images and results are available for review via our PACS system which may be accessed through <http://personalhealthimaging.com>

MRI | MRA | CT Scan | Ultrasound | X-Ray | Bone Density | Mammography

**Greenpoint Diagnostic Imaging**  
1024 Manhattan Avenue Brooklyn, NY 11222  
Tel: (718) 389-5000 Fax: (718) 389-5054

**.Astmia Open MRI**  
23-08 30th Avenue, Astoria, NY 11102  
Tel: (718) 725-2000 Fax: (718) 728-2724

**Allium Diagnostic Imaging**  
345 St Nicholas Ave Ridgewood NY 11385  
Tel: (718) 408-5000 Fax: (718) 381-2090

**Patient Name:** Hughes, Anthony  
**GDI#:** GRP731  
**Study Date:** 12/17/2018  
**Exam:** MR RT KNEE W/O CONTRAST RIGHT  
**Physician:** Merovici, Florin  
126 GREENPOINT AVE  
BROOKLYN, NY 11222

**AGE:** 043Y **DOB:** 07/27/1975(M)  
**Patient Phone#:** 718-565-1701  
**CPT Code:** 73721  
**Exam #** A5207269  
**Physician Phone #** 718-389-0100

#### FINAL REPORT

#### MRI OF THE RIGHT KNEE

**HISTORY:** Right knee pain

**PROTOCOL:** Sagittal proton density, and T2 weighted sequences, coronal T1 and inversion recovery sequences, and axial proton density fat saturated sequences were obtained of the right knee. This study was performed in a high field MRI.

**PRIORS:** 2/26/18

#### FINDINGS: /

Preliminary scout series were submitted and reviewed and are noncontributory.

**CRUCIATE LIGAMENTS:** The anterior and posterior cruciate ligaments appear intact and within normal limits.

**COLLATERAL LIGAMENTS:** The medial collateral ligament and the lateral collateral ligamentous complex are intact and within normal limits.

**MENISCI:** There is a normal shape size and contour of the anterior and posterior horns of both the medial and lateral menisci without evidence of meniscal tearing.

**OSSEOUS STRUCTURES:** There is no evidence of fracture or dislocation. The joint spaces are preserved. The alignment is anatomic. There is mild irregularity of the patellofemoral cartilage consistent with chondromalacia patella.

**EXTENSOR MECHANISM:** The visualized portions of the quadriceps tendon and patellar tendon are intact and within normal limits.

There is a mild suprapatellar joint effusion. There is no popliteal cyst.

#### IMPRESSION

**SUPRAPATELLAR JOINT EFFUSION.**  
**CHONDROMALACIA PATELLA.**

Thank you for referring this patient to us for evaluation

3D Mammography now available at Allium Diagnostic Imaging

This facsimile transmittal is intended only for use of the individual or entity to which it is addressed. It may contain Protected Health Information, which is privileged and confidential. Protected Health Information may only be used or disclosed in accordance with the law and you may be subject to penalties for improper use or further disclosure. If you are not the intended recipient, you may not read, copy, distribute or otherwise use or disclose the information contained in this transmission. If you received this transmission in error, please notify the sender immediately and request instruction on return or destruction of the transmission. DICOM images and results are available for review via our PACS system which may be accessed through <http://personal.healthimaging.com>

MRI | MRA | CT Scan | Ultrasound | X-Ray | Bone Density | Mammography

12/18/2019

*[Signature]*  
OLC

**Greenpoint Diagnostic Imaging**  
1024 Manhattan Avenue Brooklyn, NY 11222  
Tel: (718) 389-5000 Fax: (718) 389-5054

**Astoria Open MRI**  
23-08 30th Avenue, Astoria, NY 11102  
Tel: (718) 726-2000 Fax: (718) 728-2724

**Allium Diagnostic Imaging**  
345 St Nicholas Ave Ridgewood NY 11385  
Tel: (718) 408-5000 Fax: (718) 381-2090

**Patient Name:** Hughes, Anthony  
**GDI#:** GRP731  
**Study Date:** 12/17/2018  
**Exam:** MR RTKNEEW/OCONTRASTRIGHT  
**Physician:** Merovici, Flo'ia  
126 GREENPOINT AVE  
BROOKLYN, NY 11222

**AGE:** 043Y **DOB:** 07/27/1975(M)  
**Patient Phone#:** 718-565-1701  
**CPT Code:** 73721  
**Exam #:** A5207269  
**Physician Phone#:** 718-389-0100

Very truly yours,

JONATHAN SCHWARTZ MD  
Electronically signed: 12/18/2018 10:31

3D Mammography now available at Allium Diagnostic Imaging

This facsimile transmittal is intended only for use of the individual or entity to which it is addressed. It may contain Protected Health Information, which is privileged and confidential. Protected Health Information may only be used or disclosed in accordance with the law and you may be subject to penalties for improper use or further disclosure. If you are not the intended recipient, you may not read, copy, distribute or otherwise use or disclose the information contained in this transmission. If you received this transmission in error, please notify the sender immediately and request instruction on return or destruction of the transmission. DICOM images and results are available for review via our PACS system which may be accessed through <http://personalhealthimaging.com>

MRI I IVIRA I CT Scan I Ultrasound I X-Ray I Bone Density I Mammography

09/04/2019 12:27

RECEIVED 09/04/2019 11:17

7186518635

17183899616

TOTAL HEALTH CARE

PAGE 02/03

From: GFI FaxMaker

To: Florin Merovici

Page: 1/2

Date: 7/2/2019 11:14:52 AM

**ZWANGER-PESIRI**  
**RADIOLOGY**

**Edmhurst - Queens**  
 68-12 Queens Blvd  
 Edmhurst, NY 11373  
 Phone: (718)684-7426  
 Fax: (718)684-7427

:: Florin Merovici, MD  
 :: 126 Greenpoint Avenue  
 Brooklyn, NY 11222

Patient: Anthony Hughes  
MRN: 2856875  
Acct#: 17783048  
DOB: 7/27/1975  
Home Phone:  
Exam Date: 7/2/2019 10:43 AM  
Exam: MRI-3T CERVICAL SPINE NON  
CONTRAST | 72141

EXAM: MRI-3T CERVICAL SPINE NON CONTRAST

**HISTORY:** M47.12 Other spondylosis with myelopathy, cervical region

**TECHNIQUE:** Axial and sagittal images multi-weighted sequences of the cervical spine were obtained on a 3.0 Tesla magnet.

COMPARISON: None.

### FINDINGS:

There is reversal of the normal cervical lordosis. Vertebral bodies are normal in height and alignment. There is multilevel degenerative disc disease with disc desiccation and loss of disc height. There is mild diffuse heterogeneous marrow signal. No suspicious focal marrow signal abnormalities identified.

The spinal cord is normal in size and signal. The visualized posterior fossa is normal.

The prevertebral soft tissues and the paraspinal soft tissues are normal.

**C2-C3: No disc herniation, central canal, or foraminal stenosis.**

C3-C4: There is uncovertebral hypertrophy with facet arthropathy and a posterior disc osteophyte complex resulting in severe left and moderate right neural foraminal narrowing. There is moderate to severe canal stenosis with effacement of the ventral CSF space and impingement of the ventral cord.

**C4-C5:** There is uncovertebral hypertrophy, facet arthropathy and a posterior disc osteophyte complex resulting in moderate right greater than left neural foraminal narrowing and moderate canal stenosis with effacement of the ventral thecal sac.

L5-S1: There is uncovertebral hypertrophy and a posterior disc osteophyte complex with facet arthropathy resulting in severe right and moderate left neural foraminal narrowing. There is severe canal stenosis with effacement of the ventral thecal sac and impingement of the right ventral cord.

C6-C7: There is uncovertebral hypertrophy, facet arthropathy and a posterior disc osteophyte complex resulting in moderate left greater than right neural foraminal narrowing and mild canal stenosis.

This fax was sent with GFI FaxMaker fax server. For more information, visit: <http://www.gfi.com>

||A-18BC-1| |

V@U<▲+ @U||#?@≡●@QY@QV@E

၉-၁၁#၁၀-၊-▲၁၉-▲၀-၇၂-|| ♡၃၀၀≡၀၀-◀▲၇၆▼, ▽▲-|| ၁၀-||

7186518635  
TOTAL HEALTH CARE

PAGE 03/03

From: GFI FaxMaker To: Florin Merovici Page: 2/2 Date: 7/2/2019 11:14:52 AM

Continued...

MRN: 2656875  
Patient: Anthony Hughes  
Age: 17763048

Exam Date: 7/2/2019  
Exam: MRI-ST CERVICAL SPINE NON  
CONTRAST | 72141

C7-T1: No disc herniation, central canal, or foraminal stenosis.

IMPRESSION:

There is multilevel degenerative disc disease and facet arthropathy. At C3-C4 there is severe left greater than right neural foraminal narrowing and moderate to severe canal stenosis with impingement of the ventral cord. At C4-C5 there is moderate right greater than left neural foraminal narrowing and moderate canal stenosis. At C5-C6, there is severe right greater than left neural foraminal narrowing with severe canal stenosis with impingement of the right ventral cord. At C6-C7 there is moderate left greater than right neural foraminal narrowing.

ICD 10 -

Signed by: Azadeh Esmaeili MD  
Signed Date: 7/2/2019 11:12 AM EDT

*Handwritten signature: J. J. J. J.*

Azadeh Esmaeili M.D., Ext. 4631

**Reports and Images are available on the Physicians Portal.**

25

1. 0. I. || (0) / T i 0 (0) || (0) | (0) ♡ | (0) o (0) u ◀ ▲ ( 0

✱ ✱

U

This fax was sent with GFI FaxMaker fax server. For more information, visit: <http://www.gfi.com>

[illegible]

iii

## Jersey City Medical Center

Patient: HUGHES, ANTHONY

Admit: 8/16/2019

Disch: 8/17/2019

MRN: 0002012459

Service: Medical

Account #: 1922800043

Attending: Gerling MD, Michael C

DOB/Age/Sex: 7/27/1975 44 years Male

**Progress Note-Physician**

DOCUMENT TYPE:

Progress Note-Physician

SERVICE DATE/TIME:

8/16/2019 21:19 EDT

RESULT STATUS:

Auth (Verified)

PERFORMED INFORMATION:

Helman DO, Erick (8/16/2019 21:23 EDT)

SIGNED INFORMATION:

Helman DO, Erick (8/16/2019 21:23 EDT)

**JCMC ORTHO POST-OP NOTE**

Patient: HUGHES, ANTHONY

MRN: 0002012459

FIN: 1922800043

Age: 44 years Sex: Male DOB: 07/27/1975

Associated Diagnoses: None

Author: Helman DO, Erick

**JERSEY CITY MEDICAL CENTER**  
**DEPARTMENT OF ORTHOPAEDIC SURGERY**  
**POSTOPERATIVE NOTE**

**PROCEDURE:** C5-6 ACDF, C4-5 disc replacement

**SUBJECTIVE:** Pt seen and examined at bed, doing well. Tolerating liquids and diet. Has not been out of bed. Complains of pain that is controlled with pain meds. Denies numbness, tingling, weakness in BLUE. Denies fevers, chills, N/V/D. Denies palpitations, chest pain, SOB.

<u>Vital Signs (last 24 hrs)</u>	<u>Last Charted</u>
Temp Oral	98.3 DEGF (AUG 16 20:00)
Resp Rate	18 BR/MIN (AUG 16 20:13)
SBP	H 159mmHg (AUG 16 20:13)
DBP	H 96mmHg (AUG 16 20:13)
SpO2	96 % (AUG 16 20:13)
Weight	103.63 kg (AUG 16 08:39)
Height	177.80 cm (AUG 16 08:39)

**OBJECTIVE:**

Dressing on anterior neck c/d/i, minimal swelling noted throughout neck.

BL UE:

AIN/PIN/MRU Intact

SILT R/U/M

R triceps 4+/5, L triceps 5/5

Intact distal pulses w/ brisk capillary refill

**X-RAYS ORDERED:** na**UPLOADED TO PACS:** na**POST-OP ABX:** ancef

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: 354073423

Page 135 of 220

Print Date/Time: 9/9/2019 16:19 EDT



## Jersey City Medical Center

Patient: HUGHES, ANTHONY

Admit: 8/16/2019

Disch: 8/17/2019

MRN: 0002012459

Service: Medical

Account #: 1922800043

Attending: Gerling MD, Michael C

DOB/Age/Sex: 7/27/1975 44 years Male

**Progress Note-Physician****DVT PROPHYLAXIS:** SCDs**PAIN CONTROL:** iv pain meds**FOLEY:** na

Electronically Signed on 08/16/2019 21:23 EDT

Heiman DO, Erick

Gerling MD, Michael C

DOCUMENT TYPE:

Progress Note-Physician

SERVICE DATE/TIME:

8/17/2019 06:32 EDT

RESULT STATUS:

Auth (Verified)

PERFORMED INFORMATION:

Romanelli DO, Filippo (8/17/2019 06:34 EDT)

SIGNED INFORMATION:

Romanelli DO, Filippo (8/17/2019 06:34 EDT)

**Orthopaedic Progress Note - FR**

Patient: HUGHES, ANTHONY

MRN: 0002012459

FIN: 1922800043

Age: 44 years Sex: Male DOB: 07/27/1975

Associated Diagnoses: None

Author: Romanelli DO, Filippo

**Orthopaedic Progress Note:****Subjective:**

Pt seen and examined bedside resting comfortably in NAD. Pt currently rating pain as a 4/10 to affected extremity. Pt denies any overnight events, VSS, afebrile. Pt currently denies any chest pain, shortness of breath, nausea, vomiting, fevers, chills. Pt passing gas, tolerating PO intake, pt is incredibly satisfied with improvements in numbness and weakness to RUE at this time

**Allergies (1) Active****Reaction**

Avelox THROAT CLOSES

**Medications (20) Active**

Scheduled: (11)

ACETAMINOPHEN INJ 1,000 mg 100 mL, IV Piggyback, Every 8 Hr Intrvl

aml.ODIPine 10 mg TAB 10 mg 1 Tab, Oral, Daily

ATORVASTATIN 20 mg TAB 20 mg 1 Tab, Oral, Bedtime

cefazolin INJ PREMIX 1 g 50 mL, IV Piggyback, Every 8 Hr Intrvl

DOCUSATE SODIUM 100 mg CAP 100 mg 1 Cap, Oral, 2 times a Day

hydroxyzine PAMOATE 25MG CAP 25 mg 1 Cap, Oral, Every 6 Hr

Non Formulary Medication See Instructions, Oral, Daily

Non Formulary Medication 5 mg, Oral, Daily

PREGABALIN CAP 50 MG 50 mg 1 Cap, Oral, 3 Times a Day

SERTRALINE 50 MG TAB 50 mg 1 Tab, Oral, Daily

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: 354073423

Page 136 of 220

Print Date/Time: 9/9/2019 16:19 EDT

## Jersey City Medical Center

Patient: HUGHES, ANTHONY

Admit: 8/16/2019

Disch: 8/17/2019

MRN: 0002012459

Service: Medical

Account #: 1922800043

Attending: Gerling MD, Michael C

DOB/Age/Sex: 7/27/1975 44 years Male

**Progress Note-Physician**

VALSARTAN 320 mg TAB 320 mg 1 Tab, Oral, Daily

Continuous: (1)

SODIUM CHLORIDE 0.9% 1,000 mL 1,000 mL, IV, 100 mL/Hr

PRN: (8)

DILAUDID 0.5 mg/0.5 mL INJ 0.5 mg 0.5 mL, IV Push, Every 10 Min

diphenhydramine 50 mg/mL INJ 12.5 mg 0.25 mL, IV Push, Every 4 Hr

fentanyl 100 mcg/2 mL 25 mcg, IV Push, Every 5 Min

MORPHINE 2 mg/mL INJ 2 mg 1 mL, IV Push, Every 4 Hr

ONDANSETRON 4MG/2ML INJ 4 mg 2 mL, IV Push, Daily

oxycodone 5 MG TAB (IR) 5 mg 1 Tab, Oral, Every 4 Hr

oxycodone 5 MG TAB (IR) 10 mg 2 Tab, Oral, Every 4 Hr

SODIUM CHLORIDE 0.9% FLUSH 10ML SYR 3 mL, IV Push, As Directed Elevated cholesterol

HTN (hypertension)

Risk for falls Objective:

Vital Signs (last 24 hrs)Last Charted

Temp Oral	98.1 DEGF (AUG 17 04:00)
Resp Rate	17 BR/MIN (AUG 17 04:00)
SBP	130 mmHg (AUG 17 04:00)
DBP	76 mmHg (AUG 17 04:00)
SpO2	95 % (AUG 17 04:00)
Weight	103.63 kg (AUG 16 08:39)
Height	177.80 cm (AUG 16 08:39)

Gen: NAD, AAOx3

Neck supple - dressing clean, dry and intact, c-collar in place

Inspection: dressing c/d/i, no effusion noted,

Palpation: compartments soft, nonttp

MSK: 5/5 AIN/PIN, Ulna Nerve, 4+ triceps and biceps strength, 5/5 deltoids

Neuro: SILENT C5-T1 Dermatome - No sensory changes at this time

Vascular: fingers warm &amp; well perfused, cap refill &lt; 2 seconds

A/P:

44 YO M, POD #1, s/p C4-C5 DISC REPLACEMENT, C5-C6 ACDF

- weight bearing status: WBAT B/L LE

- Abx: Ancef x2 to be completed today

- DVT prophylaxis: OOB, SCDs

- Pain Control: \_Ofirmev, Oxy, Morphine PRN

- will f/u morning labs

- Consults: PT/OT - please Evaluate today

- may remove c-collar while in bed, to be worn at all time when OOB

- Dispo: Planning Discharge to home POD #1 pending PT evaluation and pain control

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: 354073423

Page 137 of 220

Print Date/Time: 9/9/2019 16:19 EDT

## Jersey City Medical Center

Patient: HUGHES, ANTHONY

Admit: 8/16/2019

Disch: 8/17/2019

MRN: 0002012459

Service: Medical

Account #: 1922800043

Attending: Gerling MD, Michael C

DOB/Age/Sex: 7/27/1975 44 years Male

**Progress Note-Physician**

Electronically Signed on 08/17/2019 06:34 EDT

Romanelli DO, Filippo

Gerling MD, Michael C

**Progress Notes**

DOCUMENT TYPE:

Progress Note-Physician

SERVICE DATE/TIME:

8/16/2019 21:19 EDT

RESULT STATUS:

Auth (Verified)

PERFORMED INFORMATION:

Helman DO, Erick (8/16/2019 21:23 EDT)

SIGNED INFORMATION:

Helman DO, Erick (8/16/2019 21:23 EDT)

**JCMC ORTHO POST-OP NOTE**

Patient: HUGHES, ANTHONY

MRN: 0002012459

FIN: 1922800043

Age: 44 years Sex: Male DOB: 07/27/1975

Associated Diagnoses: None

Author: Helman DO, Erick

**JERSEY CITY MEDICAL CENTER**  
**DEPARTMENT OF ORTHOPAEDIC SURGERY**  
**POSTOPERATIVE NOTE**

**PROCEDURE:** C5-6 ACDF, C4-5 disc replacement

**SUBJECTIVE:** Pt seen and examined at bed, doing well. Tolerating liquids and diet. Has not been out of bed. Complains of pain that is controlled with pain meds. Denies numbness, tingling, weakness in BLUE. Denies fevers, chills, N/V/D. Denies palpitations, chest pain, SOB.

<u>Vital Signs (last 24 hrs)</u>	<u>Last Charted</u>
Temp Oral	98.3 DEGF (AUG 16 20:00)
Resp Rate	18 BR/MIN (AUG 16 20:13)
SBP	H 169mmHg (AUG 16 20:13)
DBP	H 98mmHg (AUG 16 20:13)
SpO2	96 % (AUG 16 20:13)
Weight	103.63 kg (AUG 16 06:39)
Height	177.80 cm (AUG 16 06:39)

**OBJECTIVE:**

Dressing on anterior neck c/d/l, minimal swelling noted throughout neck.

BL UE:

AIN/PIN/M/R/U Intact

SILT R/U/M

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: 354073423

Page 138 of 220

Print Date/Time: 9/9/2019 16:19 EDT

## Jersey City Medical Center

Patient: HUGHES, ANTHONY

Admit: 8/16/2019

Disch: 8/17/2019

MRN: 0002012459

Service: Medical

Account #: 1922800043

Attending: Gerling MD, Michael C

DOB/Age/Sex: 7/27/1975 44 years Male

**Progress Notes**

R triceps 4+/5, L triceps 5/5  
Intact distal pulses w/ brisk capillary refill

**X-RAYS ORDERED:** na**UPLOADED TO PACS:** na**POST-OP ABX:** ancef**DVT PROPHYLAXIS:** SCDs**PAIN CONTROL:** lv pain meds**FOLEY:** na

Electronically Signed on 08/16/2019 21:23 EDT  
Halman DO, Erick

Gerling MD, Michael C

DOCUMENT TYPE:

Progress Note-Physician

SERVICE DATE/TIME:

8/17/2019 06:32 EDT

RESULT STATUS:

Auth (Verified)

PERFORMED INFORMATION:

Romanelli DO, Filippo (8/17/2019 06:34 EDT)

SIGNED INFORMATION:

Romanelli DO, Filippo (8/17/2019 06:34 EDT)

**Orthopaedic Progress Note - FR**

Patient: HUGHES, ANTHONY MRN: 0002012459 FIN: 1922800043  
Age: 44 years Sex: Male DOB: 07/27/1975  
Associated Diagnoses: None  
Author: Romanelli DO, Filippo

**Orthopedic Progress Note:**Subjective:

Pt seen and examined bedside resting comfortably in NAD. Pt currently rating pain as a 4/10 to affected extremity. Pt denies any overnight events, VSS, afebrile. Pt currently denies any chest pain, shortness of breath, nausea, vomiting, fevers, chills. Pt passing gas, tolerating PO intake. pt is incredibly satisfied with improvements in numbness and weakness to RUE at this time

Allergies (1) ActiveReaction

Avelox THROAT CLOSES

Medications (20) Active

Scheduled: (11)

ACETAMINOPHEN INJ 1,000 mg 100 mL, IV Piggyback, Every 8 Hr Intrvl  
amLODIPine 10 mg TAB 10 mg 1 Tab, Oral, Daily

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: 354073423

Page 139 of 220

Print Date/Time: 9/9/2019 16:19 EDT

## Jersey City Medical Center

Patient: HUGHES, ANTHONY

Admit: 8/16/2019

Disch: 8/17/2019

MRN: 0002012459

Service: Medical

Account #: 1922800043

Attending: Gerling MD, Michael C

DOB/Age/Sex: 7/27/1975 44 years Male

**Progress Notes**

ATORVASTATIN 20 mg TAB 20 mg 1 Tab, Oral, Bedtime  
 ceFAZolin INJ PREMIX 1 g 50 mL, IV Piggyback, Every 8 Hr Intrvl  
 DOCUSATE SODIUM 100 mg CAP 100 mg 1 Cap, Oral, 2 times a Day  
 hydroXYzine PAMOATE 25MG CAP 25 mg 1 Cap, Oral, Every 6 Hr  
 Non Formulary Medication See Instructions, Oral, Daily  
 Non Formulary Medication 5 mg, Oral, Daily  
 PREGABALIN CAP 50 MG 50 mg 1 Cap, Oral, 3 Times a Day  
 SERTRALINE 50 MG TAB 50 mg 1 Tab, Oral, Daily  
 VALSARTAN 320 mg TAB 320 mg 1 Tab, Oral, Daily  
 Continuous: (1)  
 SODIUM CHLORIDE 0.9% 1,000 mL 1,000 mL, IV, 100 mL/Hr  
 PRN: (8)  
 D/LAUDID 0.5 mg/0.5 mL INJ 0.5 mg 0.5 mL, IV Push, Every 10 Min  
 diphenhydRAMINE 50 mg/mL INJ 12.5 mg 0.25 mL, IV Push, Every 4 Hr  
 fentaNYL 100 mcg/2 mL 25 mcg, IV Push, Every 5 Min  
 MORPHINE 2 mg/mL INJ 2 mg 1 mL, IV Push, Every 4 Hr  
 ONDANSETRON 4MG/2ML INJ 4 mg 2 mL, IV Push, Daily  
 oxyCODONE 5 MG TAB (IR) 5 mg 1 Tab, Oral, Every 4 Hr  
 oxyCODONE 5 MG TAB (IR) 10 mg 2 Tab, Oral, Every 4 Hr  
 SODIUM CHLORIDE 0.9% FLUSH 10ML SYR 3 mL, IV Push, As Directed  
 Elevated cholesterol  
 HTN (hypertension)  
 Risk for falls  
Objective:

Vital Signs (last 24 hrs)	Last Charted
Temp Oral	98.1 DEGF (AUG 17 04:00)
Resp Rate	17 BR/MIN (AUG 17 04:00)
SBP	130 mmHg (AUG 17 04:00)
DBP	76 mmHg (AUG 17 04:00)
SpO2	95 % (AUG 17 04:00)
Weight	103.83 kg (AUG 16 06:39)
Height	177.80 cm (AUG 16 06:39)

Gen: NAD, AAOx3

Neck supple - dressing clean, dry and intact, o-collar in place

Inspection: dressing o/d/i, no effusion noted,  
 Palpation: compartments soft, nonttp  
 MSK: 5/5 AIN/PIN, Ulna Nerve, 4+ triceps and biceps strength, 5/5 deltoids  
 Neuro: SILT C5-T1 Dermatome - No sensory changes at this time  
 Vascular: fingers warm & well perfused, cap refill < 2 seconds

A/P:

44 YO M, POD #1, sfp C4-C5 DISC REPLACEMENT, C5-C6 ACDF

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: 354073423

Page 140 of 220

Print Date/Time: 9/9/2019 16:19 EDT

## Jersey City Medical Center

Patient: HUGHES, ANTHONY

Admit: 8/16/2019

Disch: 8/17/2019

MRN: 0002012459

Service: Medical

Account #: 1922800043

Attending: Gerling MD, Michael C

DOB/Age/Sex: 7/27/1975 44 years Male

**Progress Notes**

- weight bearing status: WBAT B/L LE
- Abx: Ancef x2 to be completed today
- DVT prophylaxis: OOB, SCDs
- Pain Control: \_Ofirmex, Oxy, Morphine PRN
- will f/u morning labs
- Consults: PT/OT - please Evaluate today
- may remove c-collar while in bed, to be worn at all time when OOB
- Dispo: Planning Discharge to home POD #1 pending PT evaluation and pain control

Electronically Signed on 08/17/2019 06:34 EDT

Romanelli DO, Filippo

Gerling MD, Michael C

**Surgical Documentation**

DOCUMENT TYPE:

Operative Report

SERVICE DATE/TIME:

8/16/2019 16:14 EDT

RESULT STATUS:

Auth (Verified)

PERFORMED INFORMATION:

Romanelli DO, Filippo (8/16/2019 16:16 EDT)

SIGNED INFORMATION:

Gerling MD, Michael C (8/16/2019 18:56 EDT); Romanelli

DO, Filippo (8/16/2019 16:16 EDT)

**JCMC Ortho Brief Op Note**

Patient: HUGHES, ANTHONY

MRN: 0002012459

FIN: 1922800043

Age: 44 years Sex: Male DOB: 07/27/1975

Associated Diagnoses: None

Author: Romanelli DO, Filippo

**JERSEY CITY MEDICAL CENTER**  
**DEPARTMENT OF ORTHOPAEDIC SURGERY**  
**BRIEF OPERATIVE NOTE**

**Preoperative Diagnosis:** C5-C6 Herniation, C4-C5 Disc Herniation, Cervical Spine myelopathy**Postoperative Diagnosis:** Same**Procedure:** C4-C5 Disc Replacement, C5-C6 ACDF**Surgeon:** Dr. Gerling

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Jersey City Medical Center

Patient: HUGHES, ANTHONY

Admit: 8/16/2019

Disch: 8/17/2019

MRN: 0002012459

Service: Medical

Account #: 1922800043

Attending: Gerling MD, Michael C

DOB/Age/Sex: 7/27/1975 44 years Male

**Surgical Documentation**

**Assistant:** Dr. Pyun

**Anesthesia:** GETA \_

**Blood Loss:** Minimal

**Implants:** See op-note

**Tourniquet Time:** n/a

**Drains:** none

**Specimen:** none

**Complications:** None

**Disposition:** PACU stable

*Electronically Signed on 08/16/2019 16:16 EDT  
Romanelli DO, Filippo*

*Electronically Signed on 08/16/2019 18:56 EDT  
Gerling MD, Michael C*

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: 354073423

Page 142 of 220

Print Date/Time: 9/9/2019 16:19 EDT



## Jersey City Medical Center

Patient: HUGHES, ANTHONY

Admit: 8/16/2019

Disch: 8/17/2019

MRN: 0002012459

Service: Medical

Account #: 1922800043

Attending: Gerling MD, Michael C

DOB/Age/Sex: 7/27/1975 44 years Male

**Surgical Documentation**

DOCUMENT TYPE:

Operative Report

SERVICE DATE/TIME:

8/16/2019 16:59 EDT

RESULT STATUS:

Auth (Verified)

PERFORMED INFORMATION:

Gerling MD, Michael C (8/16/2019 17:33 EDT)

SIGNED INFORMATION:

Gerling MD, Michael C (8/16/2019 17:33 EDT)

## OPERATIVE REPORT

Jersey City Medical Center

Patient Name: Anthony Hughes

Surgeon: Michael Gerling M.D.

Co-surgeon / Assistant(s): Joseph Pyun, MD; Jessica Amoon, PA

Date of Procedure: 08/16/2019

## INDICATIONS:

The patient presents with cervical disk herniations after a traumatic injury to the cervical spine with severe neck pain radiating to the upper extremity, with numbness and weakness in the root signature pattern. There is weakness on examination and MRI demonstrates posterior disc herniation correlating with symptoms. The right C6 and C7 Dermatomes had sensory loss and there was marked weakness 2/5 and atrophy in the right Triceps and biceps muscles. Conservative management, including physical therapy, medications, and pain management trials.

The alternatives to surgery, and risks and benefits of surgery were discussed at length. The patient understood there could be worsening neurologic function and there may not be improvement. They could have ongoing or worse neck pain and may require more surgery because of accelerated degenerative disease, adjacent level disease, nonunion, or hardware complications. We discussed wound complications, dysphagia, and dysphonia post-operatively, along with blindness. Stroke, death, and medical complications were also discussed at length.

## PRE-OPERATIVE DIAGNOSES:

Herniated cervical disc

Mid-cervical region(M50.22)

Cervical Level(s): C4-5, C5-6

## POST-OPERATIVE DIAGNOSES:

Herniated cervical disc

Mid-cervical region(M50.22)

Cervical Level(s): C4-5, C5-6

## PROCEDURE PERFORMED:

Anterior cervical discectomy and fusion (one level) (including discectomy, arthrodesis, and anterior instrumentation)

Cervical Level(s): C5-6

Anterior Cervical Corpectomy: C5 Partial (50%)

Anterior Instrumentation: Accel Van Gogh titanium plate with fixed angle screws

Biomechanical Device(s): PEEK Spacer,

Spinal Graft(s): Allograft, morselized Autograft, local (through same incision)

Imaging: Fluoroscopic Guidance

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

## Jersey City Medical Center

Patient: HUGHES, ANTHONY

Admit: 8/16/2019

Disch: 8/17/2019

MRN: 0002012459

Service: Medical

Account #: 1922800043

Attending: Gerling MD, Michael C

DOB/Age/Sex: 7/27/1975 44 years Male

**Surgical Documentation**

Type(s): SSEP MEP

Anterior cervical discectomy and Total Disk Replacement; Cervical Level(s): C4-5  
 Implantation of Biomechanical Device(s): Disk replacement device TDR: Mobi-C

ANESTHESIA: General endotracheal

ESTIMATED BLOOD LOSS: 20 mL

SPECIMENS REMOVED: Disk Herniation at each level

## FINDINGS:

Headlights and Loupes were used

Disc herniation was noted intra-operatively and sent for pathologic examination.

Neuro-monitoring stable throughout the procedure and the patient was neurologically at baseline at the end.

Local Depomedrol used at the end of the case.

Antibiotics were given before incision.

Partial corpectomy was necessary to complete the decompression and correct local deformation.

## TECHNIQUE

After the site was marked and timeout was called, the patient received antibiotics and was intubated supine. The arms were tucked at the side. Bony prominences were protected. The neck was prepped and draped in the usual sterile fashion.

A left-sided transverse incision was carried down sharply through platysma with a Smith-Robinson approach utilized on the left side. The midline structures were swept to the left side and the longus coli were undermined. The C4-5, C5-6 disks were identified using fluoroscopy. Caspar pins were then placed in the C4-5, C5-6 levels with gentle distraction while hand-held retractors were used to retract the longus colli.

The standard discectomy procedure at the C4-5 and C5-6 levels were carried out using #11 blade scalpel, pituitaries, and curettes. Posterior longitudinal ligament was left intact. The posterior disc herniations were visualized, excised, and sent for pathology. The decompression was extended cephalad at the C5-6 level in order to complete the decompression as disk was found to extend behind the body. A partial corpectomy was carried out, removing 50% on the body. The decompression was carried out laterally at the uncovertebral joints. Posterior longitudinal ligament was left intact.

Total Disk Replacement at C4-5: After adequate decompression, the space was then carefully prepared for mobile Implant use. It was carefully rinsed of all bone shavings and meticulous hemostasis was achieved. All bleeding surfaces were cauterized except in the footprint planned for the implant. The endplates were then sized for interbody disk replacement device which was taped into position using fluoroscopic guidance to confirm excellent central position on AP and Lateral views, with excellent stability.

C5-6 fusion and instrumentation: At C5-6 we then carried out fusion by squaring off the vertebral end plates and decorticating the uncovertebral joints. The bone was saved as local autograft. Minimal bleeding was encountered and well controlled. The space was then sized for interbody PEEK Spacer cage filled with local autograft and allograft, and tapped into position with excellent stability. Uncovertebral joint grafting with local graft was carried out. Anterior instrumentation with Accel Van Gogh titanium plate with fixed angle screws was carried out at the C5-6 level. The plate sat flush with the bone and all screws locked into the plate with excellent end torque resistance.

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

## Jersey City Medical Center

Patient: HUGHES, ANTHONY

Admit: 8/16/2019

Disch: 8/17/2019

MRN: 0002012459

Service: Medical

Account #: 1922800043

Attending: Gerling MD, Michael C

DOB/Age/Sex: 7/27/1975 44 years Male

**Surgical Documentation**

The Caspar pins were then released, removed and bone wax was placed in the defects. Bleeding was completely stopped. The bone position was excellent. Using fluoroscopy, I was able to visualize the implants clearly.

The wound was then explored and minimal bleeding was present. Depomedrol medicated cocktail including marcaine and antibiotic was injected into the prevertebral fascia, along with placement of a soaked Gelfoam sponge, 1cm x 2cm on top of the implant at the end of the case. Though hemostasis was excellent without concern, a Hemovac drain was prophylactically placed through the platysma and sewn into position with a 2-0 nylon. The platysma was closed in a standard fashion with a 2-0 Vicryl followed by 3-0 subdermal buried sutures, followed by Dermabond glue. Steri-strips and dressings were then utilized, and a hard collar was placed before awakening uneventfully having tolerated the procedure well. Neuro-monitoring remained stable through the procedure.

Electronically Signed on 08/16/2019 17:33 EDT  
Gerling MD, Michael C

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: 354073423

Page 145 of 220

Print Date/Time: 9/9/2019 16:19 EDT



